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## Original Department.

### Communications.

### A LARGE OVARIAN TUMOR.

BY DR. LEWIS A. PADDOCK,
Of Norwich, Conn.

Mrs. B., a widow, aged 45, a hard-working housekeeper, of steady habits, first came under my professional care during August, 1863. At that time a fibrous tumor of the uterus was diagnosed, which the patient informed me had been in existence many years, and had been once treated by Dr. B. F. Barker (now Professor) several years previous to this date. She was seen occasionally during 1863–64, and again during July, August and September, 1867. During 1868–69 I also made occasional visits.

I cannot recall the exact character of her complaints during these many years, but recollect well a troublesome cough and diseased throat, also indigestion and neuralgia, as part of the demand for medical services. I think it was during 1869 that she was greatly troubled with uterine hemorrhage. The removal of a small polypus projecting from the os uteri effectually and permanently controlled this. There was an interval now of three years in my attendance. It was during this time that an alarming hœmatemesis occurred, for which another physician was called and continued in attendance till her convalescence. Subsequent to this she suffered from general debility for a long time, but at last regained fair health.

During April, 1872, I was again called to this case, and have attended constantly since. I cannot tell when this last disease began; but at this date (1872) the distention of the abdomen had become so great as to be a cause of constant annoyance and suffering. She complained of difficulty in evacuating the bowels and scanty secretion of urine. Nausea and pyrosis added greatly to her sufferings, and she received hardly sufficient nourishment for the maintenance of life. Percussion of the abdomen gave a dull flat sound on the right side, from the pelvis to the liver, indicating the presence of some solid body. Near the left groin, and extending obliquely upward, was another small space of dullness. The remainder of the abdomen was filled with fluctuating fluid. As she gained nothing by treatment, and her condition became worse, tapping was proposed; but the proposition was not received favorably, and her condition remained with but little change till the night of June 20th, 1872, when she was taken suddenly with expectoration of a frothy greenish fluid, which continued very freely several hours, adding to the general prostration. Regarding the case as almost hopeless at this date, unless temporary relief could be afforded by paracentesis, and doubting her ability to endure even this, I asked for counsel. Two of our best physicians meeting with me regarded the patient too near her end, and in no condition for an operation; a palliative treatment was continued. Her sufferings increasing, and it being evident that life could not continue as it was, on July 26th, 1872, I ventured the first tapping. Only a small quantity of fluid escaped (probably not over two quarts), yet it afforded some relief. I repeated the operation August 5th, with the same results. For these operations I had selected as near the

usual place as the solid would permit, but evidently punctured very small sacs. I operated again August 14th, selecting at this time and afterwards any convenient spot to the left of the median line, and generally above the umbilicus. This operation afforded the discharge of about thirty pints of straw-colored fluid. I could now trace very distinctly the outlines of some large solid body on the right, while deep in the abdomen the enlarged uterus could be felt. The operation afforded great relief, and the patient soon became able to walk into an adjoining room, and was shortly after removed to her own house, more than a mile distant. Necessity for relief demanded similar operations on October 17th, 1872, January 19th, 1873, March 31st, May 12th, June 13th, July 11th, and July 18th, which was the last. Although in some of the operations the patient suffered from faintness, yet she generally rallied well, and her life was rendered much more comfortable. The quantity of fluid withdrawn at these different dates varied from two and a half to three and a half gallons. On one occasion the fluid was very thick, so as to pass very slowly through the instrument, and the quantity evacuated was small. The aggregate amount withdrawn at these ten operations would probably be about one barrel. During the last two weeks of her life Mrs. B. suffered from dysentery. She died on the morning of August 15th, aged 55 years.

Post-mortem examination, assisted by Dr. C., of this city, six hours after death. Great emaciation of the body, and enormous abdominal distention. Dullness on percussion of the entire right side, extending about two inches beyond the umbilicus. In the left pelvic region dullness over a space six inches or more in diameter. Fluctuation very perceptible in every other part as high as the ribs.

Upon abdominal section we found a sac of fluid occupying the entire abdomen and pressing the diaphragm some distance above the nipple on each side. This was free from peritoneal adhesion, the attachment of the sac being at the left ovary. Having ligated this and freeing it at this point, the entire mass was removed unbroken. Leaving this for a few moments in a medium-size wash-tub, into which it had been carefully rolled, we examined the remaining organs.

In the left pelvic region lay the uterus, about the size and form of an ordinary quart cup. This we also removed. The cervix presented a normal appearance; the cavity and walls of the uterus were filled with fibrous tumors. Having removed the five largest of these we found their aggregate weight to be one and three-fourths pounds. We distinctly felt and counted fourteen of various sizes remaining in the uterine walls. The right ovary contained two small cysts with about a drachm of fluid. The right kidney was about twice the normal size and much diseased; the left normal, except somewhat congested. The liver was pale, resembling a fatty liver. By the great upward pressure the functions of the heart and lungs had been much embarrassed during life. Both lungs showed pleuritic adhesions, not very firm; the right cavities of the heart were dilated, but no apparent valvular disease.

Returning now to the ovarian tumor, we found the weight of the tub and its contents to be sixty-four pounds; deducting eight pounds (the weight of the tub) we learn that our poor suffering patient had carried a burden of fifty-six pounds, and probably the same for more than one year, except when temporarily relieved by tapping. The external appearance of this sac was very peculiar. There was a plainly marked, nearly vertical septum dividing it, on the left of which was a sac of thin walls containing about three gallons of fluid; while on the right the walls were thick and firm, making an elastic solid. Above this apparently solid mass, but all enclosed in one and the same membrane, was another sac of fluid containing about a gallon. Upon opening the semi-solid we found an innumerable number of cysts of all sizes, and varying greatly in the character of their contents. In some the fluid was of a claret color; in another like pus in appearance and consistence; others furnished shreds of coagulated lymph. We punctured this mass, and discharged the greater part of the fluid, after which the weight of the sac was eight pounds.

In reviewing this interesting case, and with the knowledge revealed by the autopsy, the question may arise, why was not this case relieved by ovariotomy? In the opinion of two of our best physicians of this city, and of Dr. A. Hallett, of Brooklyn, L. I., each of whom saw the patient with me, no operation was practicable. All agreed as to the diseased ovary and uterus; but the

marked dullness, together with the fluctuation, and the former not being changed by the evacuation of the fluid, rendered the diagnosis of the disease doubtful. At the time of the consultation, more than a year ago, we endeavored to introduce a speculum and a sound, but were unsuccessful; and a digital examination failed to give us any information, as the vagina was constricted and the cervix entirely beyond reach. Our best and only course seemed to be palliative, and to smooth the patient's pathway to the grave.

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## CARBUNCLE.

BY DR. J. R. LOCKHART,
Of Freedom, Pa.

Sunday, Jan. 14, 1872, was called to Mr. G——, aged 56 years, large and muscular, who had been much addicted to the use of intoxicating drinks. I found him suffering intense pain from a carbuncle situated on the back of his head and neck, containing five or six cells or openings, the redness and swelling extending from one mastoid process to the other, and from the fifth cervical vertebra to the occiput. His tongue presented a heavy, brown coating; pulse much accelerated, full and strong; pain in top of his head; burning in his feet, and an insatiate thirst. I at once made free incisions with the knife beyond the limits, and to the depth of the cells, applied caustic potash in the incisions, and covered the whole surface with a poultice of linseed meal, and ordered internally—

℞.—Tinct. ferri chl., ℥j.
Quinia sul., ʒij. M.
Sig. 20 drops three times per day.

℞.—Sweet spt. nitre, ℥ij.
Tinct. verat. viride, ʒss. M.
Sig. One teaspoonful every three hours.

℞.—Mass hydr. pulv., gr. xxv.
Sig. At bedtime.

℞.—Hydrate chloral, ʒjss.
Sig. At night, to relieve intense pain.

15th. Rested but little. Carbuncle still spreading; applied caustic freely; ordered castor oil.

16th. Expresses himself as feeling miserable. Pulse 105. Oil produced free dejections from bowels of dark, fœtid fæces.

17th. Suffering with profuse diarrhœa, very fœtid and acrid. Refuses to eat; carbuncle still spreading; has much general fever; pulse 115. Ordered castor oil. Desires buttermilk, which was allowed, ad lib.

18th. Made incisions and applied caustic. Is free from diarrhœa. Discontinued the nitre mixture.

19th. Ordered the poultice to be mixed with a solution of carbolic acid and soda sulphate. Carbuncle still spreading.

21st. Pain in top of head very severe; much œdema of forehead and eyelids. Applied camphor.

22d. Passed a sleepless night. Hiccough set in about 2 o'clock. Is nervous and restless. Applied caustic to carbuncle, which is still spreading. Substituted Dover's pulv. for chloral. Pulse 120, losing force.

23d. Swelling on forehead much reduced. Complains of pain in feet and limbs. Hiccough still continues.

24th. Patient very weak and nervous; says he cannot hold out much longer. Ordered wine and beef tea.

25th. Carbuncle spreading very slow; edema of face has almost disappeared; hiccough ceased during the night. Refuses to take wine. Ordered spts. ammon. arom., gtts. xx., every 4 hours.

28th. Still spreading. While removing dead flesh with the knife, patient was seized with a severe nervous chill.

31st. Carbuncle now extends from one mastoid process to the other, and from the fifth cervical vertebra to one-half inch above the occiput, measuring ten by five and a half inches.

I have now circumscribed the entire carbuncle with the knife, and removed the dead flesh, leaving a bed of white, tough matter beneath which the poultice will not remove. Patient's feet and lower limbs much swollen and very painful.

Feb. 4th. Limbs and feet still swelling; exhausted and disheartened; has no hopes of recovery. Increased the ammo., and, to remove the tough bed of matter, I applied a salve recommended by Dr. Binkerd (in your excellent JOURNAL) for burns, which acted like magic, causing it to clean off, and present a healthy appearance.

6th. Patient very weak; pulse scarcely perceptible at wrist; ointment produces a copious flow of matter. Now give ammo. in half teaspoonful doses.

7th. Patient very weak, with ugly mucus rattling in throat. Ordered ammo. every two hours; increased beef tea.

8th. Rested some during night; is very

stupid; will not converse at all. Throat is clear; sore is cleaning off on the lower side. Patient has, to this date, drank thirteen gallons of buttermilk.

9th. Carbuncle cleaning off. Patient slept some during night. Slight improvement in general symptoms.

10th. Slept well during night; says he feels much better. Carbuncle cleaning off rapidly. Takes some nourishment. Ordered ammo. every 4 hours. Limbs still swollen and painful.

11th. Patient feels quite comfortable. Lower side of sore shows signs of healing; general symptoms very favorable. Discontinued the ammo.; continued iron and quinia, buttermilk and good nourishment. From this date, four weeks after first seeing patient, he continued to improve until entirely well, which was about two months and a half. His feet and ankles were the last to fully recover. The sore healed with but little scar or disfigurement, the hair growing as heavy as previous to the disease. At this date he writes me he weighs more and feels better than for many years. It produced a complete renovation of his entire system.

My external treatment consisted of free incisions with the knife, and the application of caustic potash as the disease spread, with poultices of linseed meal until the disease was in check. Internally, iron and quinia through the whole disease. Spt. nitre, dul. with tinct. verat., at the onset of the disease, to allay fever and thirst. Hydrate chlo. and Dover's pulv., to relieve pain. Spt. ammo. arom., when his vital powers were exhausted; and, I must not omit the buttermilk, for, to use his own words, "the buttermilk is the only thing which does not go back on me." He drank it every day for four weeks and a half, to the amount, in all, of not less than sixteen gallons. It quenched his thirst and relieved cardialgia, which affection was very troublesome in the first stage of his disease.

I consider the case one of more than ordinary interest, from the size, situation, and extent of the disease, his very intemperate habits of life, and the dangerous symptoms through which he passed, pain in top of head and eyes, edema of head and face, hiccough for three days and nights with but little intermission, mucous rattling in his throat, which his friends called the death rattle (and well they might be deceived, for he had not strength to clear the throat of secretions), extreme swelling and pain in the feet and lower limbs. The case was of great interest to me, as I never before or since saw anything to compare with it, and I think but few have, for which reason I give a true history of the case, with treatment.

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## RUPTURE AND SECTION OF THE RECTUS MUSCLE.

From a Paper presented to the Medical Society of the State of New York,

BY C. A. ROBERTSON, M. D.,

Member of the American Ophthalmological Society, Ophthalmic and Aural Surgeon at St. Peter's Hospital, Albany, and at the Troy Hospital.

Case 1.—A man called at my office, and said, "I had a fight with a fellow last night, and I believe I have knocked his eye out. Come and see him." Upon visiting the patient I found him suffering from a severe contusion. The lids of the right eye were swollen tense and engorged with ecchymosed blood. The lower lid was torn away at the inner canthus by a laceration extending half an inch downwardly and outwardly. It was impossible to make an examination of the eye, and nothing but a sanguineous chemosis could be detected. Warm anodyne applications and briony poultices were employed in the treatment, and when the inflammation had abated, the edges of the lacerated wound were freshened, and the lid, brought exactly *in situ* by a fine probe passed along through the portions of the canaliculus which had been torn across, was retained in place by sutures until adhesion was secured. The canaliculus was subsequently slit up to the lachrymal caruncle.

The most interesting feature of the case was disclosed when subsidence of the swelling permitted a satisfactory examination of the eye. A red protuberance then presented itself to view, occupying the place of insertion of the superior rectus muscle. As there was inability to turn the eye upward concomitantly with its fellow, it seemed probable that great violence had been done to the superior rectus, and that the tumor observed was a segment of the ruptured muscle lying under the distensible conjunctiva. Notwithstanding the great force which must have been expended upon the eye to produce such severe results, it is remarkable

that no impairment of vision was found to exist, either when the eye was first opened, or subsequently, upon trial with test type. After his recovery, however, the patient complained very much of the annoyance caused by double vision, or diplopia.

His avocation required him frequently to make change of money. In looking down at proffered payments, he saw two sums of money with equal distinctness, one above the level of the other, and until he acquired the habit of closing the injured eye, he invariably made the mistake of reaching for the upper, and finding nothing. He drew my attention to his boots, which, although nearly new, were worn off excessively from the back of the heels. The apparent elevation of the ground, in consequence of the abnormal deviation of the eye downwards, deceived him, and made him suppose he had reached *terra firma* when he had not, and the foot would drop like a dead weight through the space between where the ground seemed to be and where it really was, and, striking heavily on the heel, the boot was worn off behind in the peculiar way noted above.

After long considering my advice to him to submit to an operation for bringing forward the upper rectus muscle and effecting a new insertion of its extremity on the globe, he appointed a time for the operation; but another casualty happened to him causing paraplegia, and followed in a few days by death.

The operation for bringing forward the rectus muscle has been described by various writers, but I believe they all discourse of the internal rectus. The operation has been specially devised for correcting divergent strabismus, ensuing after division of the internal rectus, in order to cure convergent squint. No better method has been described than that proposed by Dr. Agnew, President of this Society, of which the following case is mainly an exemplification.

Case. 2.—C. H., aged 33, underwent an operation for convergent strabismus at the hands of a person who had importuned him to have his eyes straightened. The result of the operation was a serious divergent squint of four lines, and a very troublesome crossed diplopia. After shrinking from further surgical interference for more than a year since he first consulted me, he determined, two weeks ago, to try and get rid of a deformity which was more unsightly than that for which he had suffered an operation, and also be freed, if possible, from his annoying double vision.

The patient was put fully under the influence of ether, the lids held well apart by a wire stop-speculum, and a horizontal incision made with scissors through the conjunctiva along the median line of the internal rectus muscle. The muscle was then caught up by passing below it a strabismus hook with an eyelet carrying a ligature. The muscle having been ligated, provisional sutures were introduced through the upper and lower borders of the rectus near the ligature, and then the ligated extremity of the muscle was amputated. The tendon of the external rectus was next divided, and while an assistant drew the eye inward with fixation forceps applied to the stump of the internal rectus, the needles carrying the provisional sutures were passed under the conjunctiva, one above and the other below the cornea, and, being tied, fixed the spread-out rectus muscle, previously separated freely from over and under it, so as to secure a slight degree of internal strabismus. For a time after healing, the result seemed entirely satisfactory, both in correcting the squint and banishing the diplopia. An opportunity occurs several weeks later to state, before these pages are committed to the press, that now a very slight divergent cast of the eye exists, but the improvement from the operation has been so signal that the patient intends to have the internal rectus of the other eye, which had also been severed at the original operation, brought forward.

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## EMBALMING.

BY DR. J. M. HALL,
Of Fayetteville, Ohio.

Mr. J——, a very wealthy citizen of this vicinity, died two weeks since. A few days prior to his demise, he requested that his body should be embalmed and placed in a vault near his late residence. Suffice it to say that his wish is being as speedily complied with as possible, and ere long Mr. J—— will be as "bread cast on water," to be "seen many days hence." In looking over some old medical files, I see some facts concerning the preservation of the dead body, which, if made a note of, might interest some one of your numerous readers. The origin of embalming belongs, no doubt, to

the earliest ages, but for its history we must confine ourselves to those traditions which have been handed down to us in connection with the discovery of monuments which have resisted the destructive effects of time. Among the nations of Asia and Africa embalming appears to have been a general custom. The Egyptians particularly, who have left such numerous traces of ancient splendor, seemed to have wished to perpetuate themselves even in death, in strewing upon their soil mummies as indestructible as the superb monuments which concealed them. Historians and antiquarians still conjecture on the motive which led these people to preserve the dead with so much care. Some attribute it to the belief that the soul, after escaping from the body, wandered about for three thousand years, to re-enter it, and that, therefore, the destruction of the former would compel it to pass into the body of some beast. The more rational believe the practice to have arisen in connection with the principles of hygiene, a branch of medicine the Egyptians cultivated with so much success. For in those hot regions, whose only source of fertility was the overflowing of the Nile, the decomposition of bodies deposited in the earth would soon destroy the purity of the air, and spread among the population the seed of the most virulent disease. The various modes of embalming might be reduced to the following operations:—

1st. Remove from the body all fatty matters and mucous portions by the prolonged action of soda.

2d. To wash the body well and dry it in the air or in a stove.

3d. Preserve it by employing bitumen, balsams, resins, and salts.

4th. Surround the body with strips of cloth, smeared with gum. The rich used myrrh, aloes, camella, and cassia; the poor, cedar and bitumen of Judea. The duration of embalming varied from forty to seventy days, depending much on the drying of the bodies. The Indian mummies, exhibited at the Garden of Plants, appear to have undergone a similar preparation to those of Egypt.

After embalming, the bodies were sewed up in the skins of goats, and deposited in catacombs. The Egyptians, inhabiting a country richer in gum than the rest of the globe, were accustomed to inclose their bodies in a molten mass of this transparent matter, while the Scythians and Persians covered them with an envelope of wax. Pliny speaks of the antiseptic properties of honey, and it is said that Alexander the Great was rubbed (after death) with honey before burial. The Jewish custom was, after perfuming the corpse, to surround the body in the coffin with myrrh, aloes, and other aromatics. St. John tells us that Nicodemus brought one hundred pounds of myrrh and aloes to embalm the body of Christ, the object being to prevent putrefaction, which property these aromatic substances possess in a high degree. In the middle ages the art of embalming consisted in mixing aromatic substances with salt, with which the bodies were filled. Henry I, of England, was thus embalmed, in 1135. Long incisions were made in various parts of the body, filled with this composition, then sewed up, the body then being enveloped in a beef's skin and inclosed in a coffin. The employment of salt for the preservation of the bodies of kings is well known in history, the sellers of salt claiming as their right to assist at the royal funerals, and bear the bodies of the kings.

(To be Continued.)

# Editorial Department.

## Periscope.

### The Brain in Mental Disease.

Dr. Gairdner, in a recent address reported in the *Journal of Mental Science*, says:—

In one sense it may be assumed as indefinitely probable that structural changes *always accompany*, even if they do not *always cause*, insanity. For it is as nearly certain as any profound, almost transcendental truth can be, that function and structure, however associated in their essences, cannot be separated in their pathology any more than in their physiology. As we have reason to know that *every functional change whatever*, the contraction of a single

muscular fibre, the secretion of a single drop of urine, and in like manner the functional activity of every nerve-ganglion or nerve-conductor, *involves a certain change in the structure of the parts thus actively engaged*, it does not seem too much to infer that thought, sensation, emotion, will, are in like manner accompanied by structural changes in the organ through which they are manifested; and this without the slightest prejudice as to any ultimate theory of mind, and the mode of its association with the bodily organ. It seems, from this point of view, extremely probable, if not demonstrably certain, that no case of mental derangement is unaccompanied by changes (probably exquisitely and infinitesimally minute in some cases) either in the structure or in the chemistry of the brain and nerves. And perhaps it may seem, from the practical point of view, idle to discuss the question whether, in apparent derangements of the mind, it is the mind first, or the body first, that is disordered. In many, or most cases, indeed, we cannot know; we grasp only the end-links in the chain of cause and effect, and no mere observation of casual alterations in the tissue of the brain will justify the conclusion that these have been really the cause of the earliest symptoms.

As a question of simple observation, then, it is impossible to found a purely *somatic* pathology of mental derangement in general upon what we know of the morbid anatomy and chemistry of the insane brain, or blood.

On the other hand, it is unquestionable that some, especially of the more acute and (so to speak) explosive kinds of insanity, the paroxysms of general mania and of acute delirium, have analogies so close and suggestive with the more obviously somatic forms of delirium, determined by blood-poisoning (alcohol, haschish, and probably typhus poison, etc.), that it is much easier to conceive of these as arising from the bodily state than to suppose the latter to be determined by the former. But even in these cases the acute attack of insanity is often only the incidental paroxysm of a permanently abnormal state, and the question of the physical origin of this is as difficult and as remote from direct observation as ever.

Conversely, there are cases of insanity so obviously growing out of the long and continuous action of moral causes, aggravated in some instances by physical complications, or by the sudden disturbing influence of overwhelming emotions, grief, terror, political and religious excitement, love, even sudden fashions, and the power of simple association acting upon ignorant multitudes (dancing-manias, child-pilgrimages, witch-sabbaths, etc.), that it seems impossible to doubt the competency of physical causes, under certain combinations, to determine mental derangement. And if we carry out the inferences derived from these more typical cases into the still ample realm of the less known groups of disease commonly confounded under the various names of monomonia, melancholia, hysteria, morbidly developed emotion of various kinds (often, no doubt, associated with more or less obvious bodily disease), we shall find it quite reasonable to suppose that in many of these cases the starting-point may be, as it often seems to be, *an abnormal mode of activity of the mind itself*, a prevailing sentiment; an habitual emotion; a strong prejudice in favor of or against an individual; a settled opinion, a rooted feeling of love, hate, jealousy, ambition, so nursed and indulged as to dominate over the whole moral nature, and to control, practically, the freedom of the will, and even the reason.

In such cases, not only may delusions follow, and the whole phenomena of insanity in its most developed forms, but even when the morbid changes fall far short of this, the psychical disorder will inevitably, as we have seen, become associated with corresponding changes in the physical organization, and these, infinitesimal at first, will go on deepening, and being confirmed by time, the wear and tear of the nervous system being in accordance, so to speak, with abnormal instead of normal modes of activity; so that in the end it cannot be surprising that these changes should be found practically irremediable; the very channels of nervous influence, and the ganglia through which its storage and discharge are effected, becoming permanently diseased and disabled for normal activity, in accordance with the laws of textural nutrition underlying both pathology and physiology.

And, to conclude, it is in strict accordance with all we know of the hereditary transmission of the physical instincts, along with that of the structures conformed to them, that *such changes, even when thus acquired, may become hereditary;* so that vicious habits and unsound propensities, in the first instance implanted by accident or by training, may, *when confirmed by habit into instincts*, be transmitted so as to vitiate a whole race, just as acquired beneficial habits or instincts are known to be transmitted, *e.g.*, in the case of the shepherd's dog, the pointer, etc., or even indifferent habits, as in the case of those *tricks* of manner which are well known as occasionally passing from a parent to his offspring, or even his grandchildren, under circumstances wholly precluding the possibility of direct imitation.

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### On Simple Vertigo.

In a paper read before the Yorkshire Branch of the British Medical Association, and published in the *British Medical Journal* for July 26, 1873, Dr. Clifford Allbutt records ten cases of simple vertigo, and makes the following comments upon them. The only constant symptom in the cases was vertigo. All of them were males, and, as far as could be made out, the giddiness was not symptomatic of any other disease or disorder. The vertigo was often very distressing and very rebellious to treatment. The average age of the patients was 44.7 years; but there was no evidence of any degenerative

changes either in the arteries or other tissues. The vertigo, after lasting for months or years, disappears without any other nervous or other disease being developed. There was no loss of consciousness in any of the cases recorded. "One patient suffered from migraine, which ceased about the time of the onset of the vertigo; another belonged to a neurotic family. Many of them were men of anxious or irritable temperament, or placed in positions of anxiety and heavy responsibility. In another patient, also a male, there was some hysteria." In some of the cases the dizziness was followed by sickness. The vertigo came on at no fixed time, but was generally worse in the forenoon. Among the exciting causes of an attack are mentioned the noise and whirl of the streets and the sight of a carriage. The attacks sometimes recurred during quiet or even in the dark. "Assuming the erect posture in the morning often produces it (the vertigo), so that the sufferer has again and again to return to his pillow."

Dr. Allbutt does not think the disease depends upon vascular changes, but that it is "one of the cerebellum, or of the great basal ganglia near it." Remedies addressed to the stomach as a rule do no good. He recommends complete change of scene, and removal of all causes of nervous depression, and Turkish baths. Strychnine is the only drug which he has found of much use. Leeches, blisters, purgatives, etc., do more harm than good.

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### The Poison of Typh-Fever.

Dr. C. MACLEAN says, in an article in the *British Medical Journal*:—

There have been various opinions regarding the mode of action of the zymotic in the system. The most likely view is, that the poison acts directly on the nervous system, for the symptoms at the outset partake largely, if they are not altogether, of a nervous character. But I think that the theory that it acts as a direct sedative on the nervous system is negatived by the fact that the symptoms in the beginning point unmistakably to irritation of that system. For instance, there is invariably more or less feeling of cold (rigor) at the outset of a fever of any consequence; and this, as we all know, is produced by over-stimulation of the vaso-motor nerves, which causes contraction of the vascular coats, and diminution of vascular calibre. Now, after this state of stimulation has lasted a certain length of time, in obedience to a universal natural law, that over-stimulation shall be followed by a proportionate paralysis, a reaction comes on in the opposite direction, and there is relaxation of the coats of the vessels; which brings us to the congestive state, which we saw was at the root of the fully formed fever. The mistake of Cullen's theory seems to be that, although he spoke of spasm, still he seemed to share in the opinion that there is direct depression (or paralysis) of the nervous system, two states that appear rather incompatible with one another.

Now, may we not reasonably suppose that the action of the zymotic is quite over, or its strength quite exhausted, when the rigor, and other symptoms of nervous irritation, are past? For it seems far-fetched to suppose that the virus, after powerfully stimulating, should suddenly change its tactics and paralyze the nervous system. At any rate, the resulting paralysis is not only quite explicable independently of this supposition, but it is a necessary consequence of the stimulation.

We have thus two great stages of fever; the first, that of exaltation, or stimulation; the second, reaction, or depression; and this explains the great uniformity in the course and phenomena of fever.

I may now briefly notice how favorably the action of bromide of potassium may compare with that of some other medicines often used in fever. What can opium do (I mean in the stage of depression, or pyrexia), when nervous energy is kept in abeyance, as we saw, not only directly from the reaction consequent on the first stage, but also eventually by the congestion existing around the nerve centres, in common with that of other tissues, and impeding their nutrition? What can it do, except, by further paralyzing the coats of the vessels, effectually stifle any attempt at rallying? Opium is prescribed in the pyrexial state, hesitatingly, and very properly so; but why use it at all? I have seen the greatest benefit apparently follow from the use of the bromide in the circumstances in which opium is said to be admissible. Indeed, the use of the narcotic in fever, and the administration of strychnine in recent apoplexy, seem to be parallel modes of treatment. Opium may be said to act in a positive manner on the nervous system, and to favor congestion, whereas bromide of potassium is said to act by its constringing effect on the minute vessels; and this is very likely, judging from its effect as a hæmostatic in various passive bleedings, its influence in removing hyperæmia, etc. Now it is surely this constringing influence that is imperatively required here.

Speaking of opium, I think it would be very interesting to try the effect of narcotics, or other nervine sedatives, in the first stage; particularly those, perhaps, whose primary stimulating action is most insignificant.

It will appear, from what I have been saying, then, that the medicines to be used in fever (after pyrexia has come on), should belong to the class of stimulants, as a rule. Now, I believe the bromide may be considered the safest and truest stimulant here; for, from its mode of action on the small vessels, it must be evident that it goes to the root of the matter, and is not calculated to overdo what is intended.

Wine is one of our most powerful agents for good; but at the same time, its indiscriminate employment cannot but be attended with some danger, on account of its action being chiefly confined to the heart and large vessels, and the possibility of its causing inflammation instead of healthy cir-

culation in the congested parts. Where the vital powers are very low, and the pulse indicates want of power of the heart and large vessels, it is often invaluable. I was impressed with the good effects of wine in one case in particular, before I began to use the bromide. It was a case in which there were sibilant *rales* all over the lungs, much dyspnœa, lividity of face, pulse scarcely to be counted, dark, dry tongue, and the patient was in a state of semi-unconsciousness. I looked on the case as desperate. I thought that giving antimony, or ipecacuanha, would be like applying emollients to a conjunctiva where there was nothing but passive congestion of the vessels; for here, as in that affection, the disease is quite the reverse of acute, and depressing or relaxing medicines seem, indeed, uncalled for. Again, local depletion seemed less than useless, for not only could the patient not afford a drop of blood, but the practice of putting leeches on the chest to relieve congestion in the lungs appears, to say the least of it, rather unscientific. So, as a *dernier resort*, I ordered wine, and instead of giving diuretics, which I thought might injuriously concentrate the blood, I gave diluents, which I thought would serve the purpose of diuretics, and wash the blood, as it were, and not have their bad effects. I gave simply plenty of milk and water, to serve both as diluent and food. The patient rapidly recovered under the stimulant treatment.

Now in cases like this, in which the vital powers are low, or where we can predict that they will become so, I think the greatest good will accrue from giving the bromide in combination with wine: for the former will act as a *vis a fronte* to the circulation by its action on the minute vessels, while the latter will be a *vis a tergo*, and perfectly safe in this way, owing to the clearance effected by the bromide.

I think it very important to bear in mind in fever, not only that it, with its complications, is not of an acute or high character, but that it is indeed the very reverse; and if we administer medicines that we would give in acute affections, they will certainly have the opposite effect to that intended.

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### Mother's Marks.

The influence of the maternal mind on the fœtus in utero is denied by Dr. L. H. ORMSBY, in a lecture printed in the London *Medical Press and Circular*. He says:—

No doubt made use of for the want of a better reason, and in a remarkably able article on "Generation" in Todd's "Cyclopædia of Anatomy and Physiology," all the supposed mental impressions which have been considered as the cause of malformations took place, with few exceptions, in the last stage of pregnancy, when, of course, the child was fully developed. But in opposition to this many mothers who have borne deformed children will always tell you of some circumstances which they are certain to ascribe as the cause of the malformation in their offspring. My friend, Dr. Scott, of Queenstown, who in his official capacity as emigration Medical officer, inspects many hundreds of emigrants in the year, mentioned to me he had inquired particularly as to the causes of nævi on the bodies of infants, and in every case he was able to come at some circumstance during pregnancy in the way of a maternal impression to account for the cause of such an occurrence.

There are, however, many scientific reasons for believing maternal impression of the mother acting on the fœtus by nervous influence to be erroneous.

1. That malformations seldom, or perhaps never, agree with apprehensions or fears, *a priori*, of pregnant women, and in some cases where a woman has borne one deformed child she will therefore be continually in fear of bearing a second deformed, which, I may add, when it occurs, is the exception and not the rule.

2. That the fœtus, even when a germ, is quite independent; transferred as it is from the ovary into the uterus, it needs for its development a material intercourse with a maternal body, but no *organic* connection, for which reason we find it can be developed as well without as within the uterus, as in *extra-uterine fœtation*.

3. That malformations are very common in the lower animals, in which the development and psychical life is very imperfect, and the oviparous generation, which of necessity precludes any chance of disordered maternal influence.

4. In the case of twins, one child may be deformed, and the other in perfect condition, notwithstanding they are both exposed to the same maternal influence.

It will not be necessary for our purpose to trace the subject of maternal impressions further, but I am not so sure that there is not some truth in the theory. We know that there is a great vascular connection between the mother and the fœtus, and the same blood that supplies one helps to develop the other, and that where the mother is affected with syphilis the offspring is sure to become affected also. Scarlet fever, smallpox, and jaundice have in like manner been communicated, and sudden death caused to the child by violent agitation of the mother; but all this is different from maternal impressions. It is a material result easily conceived, and of which we need no further explanation.

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### Surgical Treatment of Stricture of the Neck of the Uterus.

In April last M. COURTY, of Montpellier, read a memoir before the Société de Chirurgie of Paris on the above subject.

He considers that neither slow nor rapid dilatation suffices for the permanent dilatation of the vaginal orifice of the neck of the womb, and that it is necessary to have recourse to surgical means to cure the dysmenorrhea and sterility which occur in some cases. Meanwhile, however, it is well to be-

gin treatment by dilatation, which, though not radical in effect, is at least preparatory.

M. Courty employs three surgical methods:—

1. Bilatera[1] incision by the simple or double hysterotome. M. Courty, however, prefers a blunt-pointed bistoury with narrow blade and long handle. But, as the cicatrix contracts and narrows the orifice again, he only employs this procedure in cases where the mucous membrane is much folded, and therefore cannot narrow the aperture so much.

2. To prevent cicatricial retraction of the angles M. Courty places two metallic rings in the thickness of the neck, one on the right, the other on the left, like earrings in the lobule of the ear. These rings are each cut out on their side, and the result of their section is added to the normal orifice which it enlarges.

3. When the foregoing are insufficient, M. Courty resorts to autoplasty. He adopts three different procedures; (*a*) incision of each side of the neck and suture of the internal mucous membrane with the external; (*b*) cutting two quadrilateral flaps of mucous membrane, one before and one behind, dissecting these up, resecting the prominent part of the uterine neck and applying sutures; and (*c*) the same procedure, but making the flaps laterally and of triangular or quadrilateral shape. In the discussion which followed, M. Despres expressed the opinion that such cases were rare. M. Blot was equally astonished at the frequency of the stricture observed by M. Courty, and asked how he treated stricture of the internal orifice. M. Verneuil asked for information as to the indications for the operation. In reply, M. Courty confined himself to the object of his present paper, reserving for some future occasion his replies to the questions.

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### The Diarrhœa of Teething Children.

Dr. W. H. DAY writes to the *British Medical Journal*:—The treatment of diarrhœa in teething children is apt to be looked at from a one-sided point of view; the quickest way to arrest it. We have diarrhœa, 1, from dental irritation; 2, from indigestion caused by over and under feeding; 3, from atmospheric changes. Then, too, the diarrhœa may be of a simple inflammatory, choleraic, or dysenteric character; each variety demanding a different plan of treatment.

Astringents, as a rule, are to be condemned. The diarrhœa will continue in spite of them, unless other precautions are taken. If the motions contain mucus and are slimy, and there is a trace of blood and redness about the anus, chalk mixture and kino will be of no service, nor will bismuth, acids, or oxide of zinc. The diet is primarily at fault in these cases, and undigested food has passed into the bowels. Warmth and complete rest, with a dose of castor oil in such cases, is the most appropriate treatment, though the gums may require puncturing, and a grain each of hydrargyrum cum creta and Dover's powder may be necessary. Occasionally a quarter grain of calomel, with a grain of Dover's powder, will be found of great value. Among hospital patients a large number of cases of diarrhœa are attributable to over suckling, and suckling by mothers in delicate health. The return of the catamenia is no hindrance to their nursing, or even menorrhagia in a mild or severe form. Remove all children suffering from diarrhœa from the breast, and let them have cow's milk diluted with lime water, previously warmed and given in a well rinsed bottle, and you will cure the diarrhœa.

Many children are reared entirely on Swiss milk, and this will now and then agree far better than cow's milk. Sometimes milk, in any form and however pure, will keep up the diarrhœa, and then cold barley water, or cold water thickened with isinglass will be necessary, or thin water arrowroot, to which a few drops of brandy may be added should the child be exhausted. Sometimes a powder containing two or three grains of rhubarb and carbonate of soda will neutralize the acidity which has resulted from the fermentative products of digestion, and set the little patients right with magical quickness. If the evacuations are free from mucus and blood, and there is no pain, a mild mixture of sulphate of magnesia and tincture of rhubarb may be prescribed in some cases with advantage. A drop of ipecacuanha wine in plain water, or mucilage and water, has been recommended, and it will often succeed.

Children are liable to diarrhœa at this season of the year from heat, and the excitement of traveling, and change from healthy country places or the seaside to the contaminated air of London.

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### Treatment of Diabetes with Skimmed Milk.

At the Clinical Society of London, Dr. GREENHOW read the case of a patient successfully treated for diabetes with skimmed milk, on the plan of Dr. Donkin. W. H., coal-porter, was admitted into the Middlesex Hospital on November 9th, 1872. He had been of intemperate habits, and subject to rheumatism and winter cough. On admission he was suffering from œdema of the right leg, and was passing a great deal of urine. He was kept under observation for some days, on a restricted diet, and was found to have night and morning cough, raising a good deal of sputum, which continued more or less whilst he remained in the hospital. On December 1st he passed one hundred and two ounces of urine, containing about four ounces of sugar by the fermentation test. He was then treated with opium, beginning with half a grain twice a day, and gradually increased to one grain three times a day. Beyond this it could not be carried, as the patient's bowels became obstinately confined, his tongue creamy, and his pupils contracted. The quantity of urine

somewhat diminished, but not the quantity of sugar contained in it. On December 12th he began to take skimmed milk as exclusive diet; at first, four quarts, increased on December 20th to five quarts, and on January 4th, to six quarts daily. The brandy and opium were gradually decreased, and on December 19th were entirely discontinued. On December 12th he passed ninety-five ounces of urine, of specific gravity 1035, reduced by fermentation to 1007, containing twenty-eight grains of sugar to the fluid ounce. From this time the average quantity of urine diminished, though less steadily than the proportion of sugar it contained, which grew less and less, until after January 18th no trace of it was ever found, either by Trommer's or the fermentation test. From January 21st his diet was gradually changed, and he was allowed bran, gluten cakes, eggs, ham, meat, and greens, with a smaller quantity of skimmed milk. On March 12th he was sent to Eastbourne Convalescent Hospital, and was re-admitted to the Middlesex Hospital in April, for fourteen days, during which time he passed from forty to sixty ounces of urine in the twenty-four hours, perfectly free from sugar, and was otherwise in good health. He continued under observation after his discharge, and on May 23d remained in the same satisfactory condition. Dr. Greenhow remarked that he did not bring the case forward in order to recommend skimmed milk as a panacea for the cure of all cases of diabetes; he did not even assert that a permanent cure had been effected in this case; but, so far as it had gone, he considered the case an important and interesting one, as showing that it was possible to maintain an adult in health and strength for many weeks on a diet of skimmed milk exclusively, and also that such a diet is, sometimes at least, successful in removing the glycosuria. He did not pretend to determine, from his limited experience, in what classes, or proportion of cases of diabetes it would be found applicable, but thought no other treatment could have done more for W. H. In old-standing cases, especially if complicated with organic disease, it would undoubtedly fail, as do all other plans of treatment that have been tried.

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### Traumatic Rupture of the Tympanic Membrane.

At a meeting of the Clinical Society of London, Mr. W. B. DALBY reported five cases of this accident, and five others also were mentioned as having come under his notice. In three cases the injury was caused by the head of a pin being thrust through the membrane; in three others, a needle, the point of a pair of scissors, and a blade of straw, were used in the same manner. In the remaining four cases the rupture was caused as follows: by a fit of vomiting, by blowing the nose vigorously, by a box on the ear, and by pressing some cotton wool into the ear. The terminations of these cases were very various, both as regards the healing of the rupture and the extent of permanently impaired hearing. In six out of the ten cases the wound healed; and when no inflammation in the tympanic cavity followed the accident, a few days sufficed for the perforation to close. In the other four cases, the perforation did not heal at all; in two out of three, improved hearing was obtained by the use of an artificial membrane, in the form of a piece of moistened cotton-wool, worn pressed up to the tympanum. When suppuration had been once established in the tympanic cavity, the treatment pursued was the same as in cases where the perforation had been the result of disease, and consisted chiefly in the use of astringents. No treatment at all was adopted when the injury was not followed by inflammation in the tympanum. Mr. Dalby pointed out that it did not follow necessarily that the hearing was regained in a greater degree if the rupture healed than when the perforation remained; and that the greatest losses of hearing followed those accidents in which the greatest force was used in producing the rupture. The conclusion arrived at was, that the injury to the nervous structure of the ear behind the tympanum caused the loss of hearing, rather than the injury to the membrane itself. Where the shock was very slight, as in the instance of injury from a needle or any sharp instrument, the hearing was regained completely, or nearly so; but if the instrument used were blunt-pointed, and considerable force was employed, the resulting deafness was proportionately greater. The same held true when rupture took place from sudden condensation of air in the tympanum (as in blowing the nose), or in the meatus (as in a box on the ear). It was quite impossible, Mr. Dalby said, to recognize a cicatrix in the tympanic membrane if the patient had not been under observation during the process of healing, as thinning of the membrane, and other changes occurring during catarrh of the middle ear, were sometimes so like cicatrices as not to be distinguishable from them. Mr. Hinton confirmed Mr. Dalby as to a wound of the membrane leaving no serious defect. He was not, however, certain that all the cases read were traumatic. If so, they might give rise to erroneous notions as to the gravity of the accident. Mr. Dalby showed that there might be rupture of the membrane even by a box on the ear.

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### Poisonous Character of Nitrous Oxide.

In the *Archives de Physiologie* Drs. JOYLET and BLANCHE publish the results from their experiments on this subject:—

Chemically pure nitrous oxide will not support the respiration of either animals or plants, as they cannot decompose the gas. When breathed in a pure state by animals, it causes asphyxia and death, with all the symptoms usually occasioned either by strangulation or by the respiration of an inert gas, such as nitrogen or hydrogen. Nitrous oxide causes death in nearly the same time

as these other asphyxiating agents. Nitrous oxide has no special anæsthetic action. The anæsthesia which it may produce when inhaled in a pure condition is only due to want of oxygen in the blood. Insensibility appears when the oxygen in arterial blood is reduced to less than 2 or 3 per cent. Arterial blood is then very dark, and contains 30 to 40 per cent. of nitrous oxide. Animals can live and show no alteration of sensibility while breathing mixtures of nitrous oxide and oxygen, in the same proportion as nitrogen and oxygen in air. The arterial blood then contains about 30 to 35 per cent. of nitrous oxide. Birds placed under a bell-jar filled with this mixture behave exactly like those placed in a jar of the same size filled with air, and die after having exhausted the oxygen to a similar extent and formed a similar amount of carbonic acid. As nitrous oxide is an irrespirable gas, and does not possess the anæsthetic properties which have been attributed to it, the authors conclude that its employment cannot but be dangerous, and ought, on this account, to be excluded from medical practice.

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### Pulmonary Hemorrhage as a Cause of Consumption.

In a paper read before the Medical Society of the College of Physicians of Dublin, and published in the Dublin *Journal of Medical Science* for May, 1873, Dr. Finny discusses the subject of pulmonary hemorrhage as a cause of phthisis. He prefaces his remarks by relating the histories of three cases which occurred in his practice, in all of which, as far as could be ascertained by the most careful inquiry, there existed no pulmonary disease previous to the occurrence of the hæmoptysis; but in all the three cases the pulmonary hemorrhage was followed by signs of consolidation and subsequently of softening of the lungs, and all three terminated fatally within six months from the time of the first bleeding.

With respect to the probable cause of the bleeding, Dr. Finny does not regard with much favor the hypothesis of a previous diseased state (fatty degeneration) of the arteries of the lungs, as there have been few opportunities of examining these organs microscopically at the very outset of consumption. He also asks whether it is necessary to seek such a theory to explain the epistaxis which is so frequent in young people. He also does not view with approval Laennec's theory of the hæmoptysis being due to tubercles deposited in the lungs and lying latent there till such time as some sufficient exciting cause shall call them into activity. The theory which commends itself the most to this physician is the accidental rupture of some blood-vessel, in consequence of some undue exertion on the part of the patient. This theory of accidental bleeding is borne out by the history of the cases narrated by Dr. Finny.

Dr. Finny considers that the death of his three patients was the direct consequence of the pulmonary hemorrhage; and "that the hemorrhage and the inflammatory action set up in the lungs bore to each other the relation of cause and effect." With regard to the steps of the morbid process, Dr. Finny's views are in general accordance with those of Niemeyer in his lectures on phthisis. Dr. Finny answers the objection that blood does not and cannot produce inflammatory action in the lungs, by adducing instances in which blood is acknowledged by competent authorities to set up inflammation in other mucous membranes, as, *e.g.*, in the nares and vagina, when a plug soaked in blood is allowed to remain too long in contact with the mucous membrane. He does not agree with Niemeyer that hæmoptysis is a frequent cause of phthisis; and he is of opinion that hemorrhage may occur without any resulting inflammatory action; and even when inflammation does follow an attack of bleeding, he thinks the pneumonic products are in some cases sooner or later absorbed.

Whether rapid consumption will follow an attack of hæmoptysis or not depends, according to Dr. Finny (and upon this point he would lay considerable stress), on the presence or absence of the strumous or scrofulous diathesis in the person attacked. He believes this factor to have been present in the three cases he has recorded. Dr. Finny then goes on to explain what he means by the scrofulous diathesis, and concludes a very able paper by stating his belief that in his case the phthisis was partly due to tubercles developed in the lungs in consequence of the system being infected, owing to the retrograde metamorphosis of the products of the catarrhal pneumonia, and by the blood effused into the air-vesicles. There were, however, no *post-mortem* examinations allowed in the cases brought forward.

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### Diagnosis Between Serious and Mild Cases of Delirium Tremens.

The *Medical Press and Circular* contains a translation from an article in the *Journal de Medecine*. The author, M. MAGNAN, has sent to the Société de Biologie a communication which throws light upon the prognosis of the febrile form of delirium tremens, showing the clinical method of distinguishing the grave from the benign form of acute alcoholism.

The result of M. Magnan's researches is, that these symptoms are to be met with in such cases. The first, and the most important, is the state of the temperature; when for two or three days it oscillates about 38° C., the case is simple, and those oscillations announce its speedy subsidence. When, on the contrary, the temperature rises from 38 to 39° the first day and rises even to 40, 41, and 42° and more (it has been seen at 43° just before death), the case is most serious. The rise of temperature, permitting one to be precise as to the diagnosis and prognosis of a malady which causes much disquietude, is M. Magnan's own discovery, and this tak-

ing of the temperature allows one to distinguish the idiopathic delirium tremens which occurs immediately after alcoholic excesses from the delirium tremens of the wounded, and of patients with whom it is intercurrent. In those cases the temperature corresponds with the complications, the traumatism, the pneumonia, the erysipelas, and its rise follows the ordinary course of those affections.

M. Magnan has remarked, moreover, that in the gravest cases of delirium tremens you may observe, besides well-known trembling, a very noticeable disturbance of motility, consisting in a quivering of the muscular fibrillæ, which is developed under percussion or pressure. The third sign is a paralysis amounting to paraplegia of the lower limbs in the worst cases, to simple weakness in slight ones. But these two last signs are far from having the value of the first.

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**On the Frequency of Persistent Hymen.**

In the *Glasgow Medical Journal* Dr. J. ST. CLAIR GRAY reports a very interesting series of cases of persistent hymen, which have equal importance to the obstetrician and medical jurist, as they afford incontestible proof that persistence of the hymen is compatible with the wedded state, that its destruction does not necessarily follow even the calling of a prostitute, and hence, that its persistence after attempted rape must not be relied upon solely as evidence sufficient to disprove the charge.

Case I is that of a lady, aged forty-three years, married twenty-four years, suffering from a tumor connected with the right ovary. Vaginal examination was attempted, but at first no vaginal orifice could be discovered, the meatus being guarded by a perfect hymen having anteriorly a small aperture which permitted the escape of the menstrual flow. There was a slight depression involving the anterior portion of the perinæum and the posterior portion of the hymen. This depression, evidently the result of frequent attempts at coitus, was, under pressure by the finger, capable only of affording a cul-de-sac not more than three-quarters of an inch in depth, while its normal depth was but one-quarter of an inch.

Case II was that of a lady aged thirty, married ten years, but childless, and with symptoms of prolapsus uteri. On a vaginal examination, the os uteri was found about an inch from the meatus. A thin membrane intervened between it and the finger. This membrane was a persistent hymen, which, from frequent attempts at sexual intercourse, had become pouched, so as to give rise to the formation of a perfect *cul-de-sac*, which, in its normal state, was from three-quarters of an inch to one inch in depth, but under pressure, either by the finger or the speculum, was capable of being distended to the extent of about one inch and a half. Its persistence was evidently due to the presence of strong bands of fibrous or fibro-elastic tissue, which rendered the structure, as a whole, very resilient.

These two cases are, it is thought, sufficient to prove that, even under circumstances the most favorable for its rupture, the hymen may remain intact; and if we remember that in cases of attempted rape the circumstances are less favorable—any struggling on the part of the female having a tendency to prevent perfect penetration—we are, we think, warranted in inferring that in such cases the proportion of those in which the hymen is not destroyed must be considerable.

Still further, however, to strengthen this position, Dr. Gray relates the particulars of three cases in which the hymen was found persistent in prostitutes. These three cases were found among about 1500 who, within the last few years, have applied for admission to the Glasgow Magdalene Asylum, Lockburn, Maryhill; and should subsequent experience establish this as the precise proportion, viz., 1 in 500, it will considerably affect the significance of persistence of the hymen as an evidence or a sign of virginity.

Mr. Gray adds a report of three cases of vaginismus with persistent hymen in married women. In one, the patient refused to submit to any treatment, although the sensitiveness was such as to prohibit matrimonial connection, and at the end of eighteen years she was still in the same condition as previously to her formal marriage. In the other two cases, dilatation and the use of atropine pessaries effected a rapid cure, and the patients have since both conceived and borne children.

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## REVIEWS AND BOOK NOTICES.

### NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. M. DE CHRISTOFORIS and Dr. ZAMBELETTI, of Milan, announce that their proposal for the study and initiation of a universal *Pharmacopœia* has been accepted by the Executive Committee of the Viennese Medical Conference, and will be brought into public discussion.

—The magnificent *Atlas d'Anatomie* of Professor PAUL MASCAGNI is about to be republished. This is probably the most splendid Anatomical Atlas ever issued. The first edition cost $400, gold; the present one, 600 francs, gold, with colored plates; 300 francs uncolored. There are 150 plates in all. Subscribers should address Dr. ALPHONSE BOS, No. 40 Rue Ricasoli, Florence, Italy.

—We have received a thoroughly worked-up article on Longevity of the Sexes, by Dr. J. S. HOUGH, reprinted from the *Medical Record*, which shows that the objection to insuring lives of females is unfounded.

MEDICAL AND SURGICAL REPORTER.

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S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

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## WHAT TO DO IN DEFAULT OF A DIAGNOSIS.

The meeting of the British Medical Association, which took place in London during the first week in August, was well attended, and a number of addresses were delivered, most creditable to the learning and ability of the profession of the United Kingdom.

The address in medicine was by Dr. E. A. PARKES, the eminent author of the standard work on *Hygiene*, and now Professor of that branch in the Army Medical School. A somewhat amusing portion of that address relates to the plan pursued of old and to-day when we cannot make a satisfactory diagnosis, an event that occurs oftener, perhaps, than we care to confess either to ourselves or others.

Dr. PARKES says:—

Forty years ago it was only in a comparatively small number of cases that a practitioner could make an accurate diagnosis. What was to be done when the exact nature of the disease remained uncertain? For the most part he took note of the prominent symptoms and treated them; and looked especially to the general condition. The first thought of many men was whether the patient was plethoric or the reverse; whether he was to be reduced or sustained. I knew intimately a physician who was most successful in his treatment, and who always, when he could not determine the disease, put this question to himself: "Which of these two courses must I take?" and, if he thought the patient required reducing, he bled and gave aperients and diuretics, and restricted the diet. If he thought the patient anæmic and in bad nutrition, he gave good food, bitter tonics and iron. It was astonishing how many of those ailments which we all know are difficult to bring under a determined category were cured by this simple plan, when judiciously carried out, and how much benefit was done even when no diagnosis had been made out.

Other men, when a diagnosis was difficult, invariably followed the eliminating plan, giving aperients and acting on the skin and kidneys, and then, after a time, changed the plan and gave tonics and iron; dropsies were treated by digitalis, or purgatives, or diuretics, without reference to their cardiac or renal cause; cardiac palpitation was treated by rest, blisters and opium, no matter whether it owned neurotic or organic cause; dyspeptic symptoms, however arising, were treated by prussic acid (then lately introduced by Granville and made popular by Elliotson); vague, uncertain symptoms which could not be referred to their source were often combated by a succession of remedies termed "alterative," the main drugs being purgatives and then mercury, iodine and antimony, and neutral salts. On looking back as well as I can to what I can remember of the practice of my early student days, it seems to me that a vast amount of good was done by men whose diagnosis we should now look upon as very incomplete. That much was left undone we must allow; but even now there are many cases in which we have to fall back on such a general plan as I have referred to, and often find our cases benefited.

As to what we do or should do to-day the Professor is not quite so explicit; but he evidently believes that it is as well to rely largely on purely hygienic and sanitary measures, good nursing and the like, until the diagnosis is clear. He remarks:—

In the present day our practice is, I conceive, differently conducted. Our first thought when we investigate disease is to

know precisely the parts affected; to estimate the amount of local injury, and to determine the effect produced on the constitution at large by the abnormal condition. We aim at a diagnosis as accurate and large as possible, and, though this is not always practicable, I think all will allow that there is a considerable degree of certainty. Then, being better acquainted with the course and tendencies of the special condition, we are able to form a better judgment of what is likely to take place, and how it is to be combated. Of course, a vast deal of our treatment is still empirical, and no doubt will be so for many years to come, and oftentimes we must fall back on general rules and treat a constitutional condition without recognizing its cause. But, on the whole, we diagnose, I conceive, fairly, and have a tolerable knowledge of how the state we discover can be best dealt with.

If, as I believe, the art of cure has really advanced greatly in the last forty years, the art of prevention has also made great progress, and this has directly arisen from the improvement in diagnosis. The recognition of a disease, and its reference to a particular category, inevitably lead the mind to probe its causes. This seems an instinct of our nature, probably divinely implanted to impel us in the path of knowledge and improvement. We cannot rest satisfied with seeing the thing; we must know its origin. Hence, during the last forty years has arisen the School of Sanitarians, whose creed is that every disease, as we see it, has its antecedent, and that the problem they have to solve is to reach this antecedent, and to prevent the seed from bearing its fruit.

The advice here intimated rather than expressed is indeed what the intelligent physician practically does. If the lesion is not clear, he treats the most urgent symptoms, chiefly by soothing and sanitary methods, and awaits a more distinct phase of the malady to have recourse to powerful remedies.

Faith in these latter is not shaken by their more limited employment, but there is no use calling on Hercules to lift the wheel from the mire when the carter himself can do it, to use an illustration from Æsop's fables. The judicious use, not the neglect, of powerful drugs characterizes the learned physician.

## Notes and Comments.

### Curious Loss of Memory.

Dr. Walter relates the case of a man who retained his memory for recent events, though he had completely lost it for former ones, thus differing in a curious manner from the loss of memory from senile decay, injuries to the head, or epileptic seizures, in which recent events are forgotten, whilst events that happened years before are retained in a surprising manner. The case is that of a man forty-six years old, who, having lost his money in business, and his wife having in consequence left him, took to drink. He had no delusions, but completely failed in his power of remembering; he did not even know his native place or his children, though he gave correct answers to questions relating to the present. He improved rapidly under treatment, and his speedy discharge was contemplated.

### Latent Gonorrhœa in Women.

An important caution is given by Dr. MacDonald in a recent number of the *Edinburgh Medical Journal*. He says that medical men ought to be very guarded in giving permission of marriage to young men who have within a short period contracted a gonorrhœa, or who suffer from a gleety discharge. Want of caution in this matter is probably the reason why an unfortunately large number of young women, married in the best of health, fall into chronic ill health shortly after marriage, or become, in two or three months, victims to a fatal metritis or perimetritis after abortion.

In cases of this chronic gonorrhœa, the leucorrhœa is of itself of little diagnostic importance, as it may vary within wide limits, both as regards quantity and transparency, but it is usually yellowish-colored, as if mixed with pus, and non-transparent as it flows from the cervix uteri. The cervix is usually surrounded with an intensely red erosion, of some lines in width. The uterus is usually tender, and the regions of its mucous membrane adjacent to the mouths of the Fallopian tubes are specially tender. Inflammation of the urethra at an early stage of the disease is of great value, but it soon passes away. Much more value must

be placed on the condition of the vulvo-vaginal glands and the glands of Bartholini. The vulvo-vaginal glands are enlarged; the vulva is sensitive. The existence of inflammatory catarrh of the glands of Bartholini is an important sign. On separating the labia minora from the remains of the hymen between the first and the under lateral caruncula myrtiformis in a woman who in former years has suffered from gonorrhœa, it is the rule to see an intensely red point, covered over with glassy mucus, from which as a centre a red streak, constantly becoming fainter, stretches upward and outward, and gradually becoming pale, passes over into the color of the surrounding mucous membrane.

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**Reports of the American Medical Association.**

Dr. N. S. DAVIS, to whose ardent interest in the American Medical Association that institution owes most of its vitality, is very severe on the Reports of its Proceedings, as just published in most Medical Journals. He says (*Chicago Medical Examiner*, July 1,) "Such periodicals as the *Medical Record*, the Philadelphia *Medical Times*, the Boston *Medical and Surgical Journal*, etc., should have sufficient regard for the interests of their readers to insure a reasonable degree of correctness in stating the doings of the National organization. While the editors of most of these periodicals have remained at home, nursing their chronic habit of fault-finding, a few active-working members of the Association have been patiently endeavoring to keep out subjects of strife and contention, to increase the efficiency of the practical working of the Sections, and to make such improvements in the general organization, from time to time, as experience should dictate."

The Editors and readers of the MEDICAL AND SURGICAL REPORTER had the satisfaction of knowing that the very complete report published in that journal was prepared under the immediate supervision of the very able and efficient Permanent Secretary of the Association, Dr. William B. ATKINSON, and was therefore *officially accurate*.

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**On Morphia with Ether in Anæsthesia.**

Dr. J. B. QUINLAN writes to the *Medical Press and Circular*:—

I have paid some attention to the use of subcutaneous injection of morphia as an adjunct to the production of anæsthesia, both by chloroform and ether. I have altogether tried this plan in eleven cases of chloroform and four of ether.

I can speak of it in very high terms, never having noticed the lowering temperature described by M. Demarquay, nor any other dangerous symptom. The quantity of acetate of morphia employed is generally one quarter of a grain, which is injected subcutaneously in the immediate neighborhood of the operation.

The special effects of the chloroform or ether upon the system (other than anæsthesia) appear to be reduced in intensity, a circumstance which I attribute to the fact that anæsthesia is accomplished with something more than one-half of the ordinary quantity, and, when once produced, is very prolonged. In fact, it generally ends in sleep, which, of course, much diminishes the shock of the system. Two of the cases in which I tried it were prolonged operations for vesico-vaginal fistula; another was an operation for the cure of entropium (at which I had the advantage of your assistance), where both eyelids were operated upon at the same sitting.

The use of morphia along with ether being not usual, and my number of cases being small, I am reluctant to generalize. As far as they go, however, I would say, that the effects of morphia with ether are fully equal to those if it were used with chloroform.

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**Professional Poetics.**

A doctor down in Texas sends us a billhead of a professional neighbor of his, which runs thuswise:—

"Dr. T——,
Office over the drug store.
God and the doctor we alike adore
Just on the brink of danger, not before;
The danger passed, both are alike requited,
God is forgotten, and the doctor slighted.
☞ *Special attention given to all practice, either day or night.*"

Some people have curious tastes.

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## CORRESPONDENCE.

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**Treatment of Morbid Dentition.**

EDS. MED. AND SURG. REPORTER:—

I had occasion last January to prescribe for the patient of another physician, a boy æt. one year, suffering from derangement of the stomach and bowels, while teething; his stomach was very irritable, bowels moving frequently, head hot and temper fretful; he had some fever, but temperature not re-

membered. He had been taking for several days a mixture of paregoric, lime-water and milk, without any permanent benefit. Ordered.

R. Pot. bromidi pulv. grs. xv.
Pot. nit. pulv. grs. xij.
Zinci. oxidi. grs. ij. M.

Divide in chart No. vi. S. one powder every four hours until bedtime.

Added nit. pot. on account of the fever; in twenty-four hours he was greatly improved; stomach and bowels quiet, fever abated and temper playful; continued brom. pot. and zinc, leaving off the nitrate pot. and he had no further trouble. At the next eruption of teeth he had the same symptoms, which yielded readily to the same prescription without any special treatment directed to the alimentary canal, the vomiting and purging being restrained by quieting the nervous irritability, in other words removing the cause. The above treatment is based on the idea that the anorexia, vomiting and purging are reflex symptoms dependent on irritability of the nerve centres, which unchecked is liable to eventuate in convulsions, congestion or inflammation of the brain, or inanition from derangement of the digestive function.

In my opinion the treatment is safe, and can be kept up some time, and is really more valuable in the prevention than the cure of bad symptoms. I have not used this treatment extensively but am pleased with it thus far, and emboldened to ask a trial of it in this disease in the way of prophylaxis and cure; the oxide of zinc is combined in the above from its supposed sedative effects, and I should think that a definite compound of bromine and zinc would be useful and convenient in various nervous affections. The "child of the period" is an interesting study, and needs attention as well as the girls and boys of the period; begotten of nervous parents he has a double inheritance of nervous predisposition, with a lack of physical development in other respects.

E. D. DRAKE, M. D.

*Whitesboro, Texas, May* 1, 1873.

### A Case of Sudden Death.

EDS. MED. AND SURG. REPORTER:—

John Smith, a rolling mill hand at the Evansville Mill, usually a sober man, was attacked July 4th with intense pain in the stomach and bowels; he had previous attacks of a similar character, which they called "cramp colic" and which whisky relieved.

The day being intensely hot, and having drank beer and been exposed to the sun, he returned home complaining that he was sick.

The pain increasing in intensity, I was sent for, and on my arrival found him drunk from "whisky and essence of ginger," and suffering to the extent of requiring several men to keep him in bed.

I introduced hypodermically ½ grain morphia in the arm, and remained in the house *one hour and a quarter* and found it took no effect. He was, however, somewhat quieter, but evidently suffering acutely.

During the night he became insensible, with stertorous breathing, hot skin, and full bounding pulse, and died at 12 o'clock.

The friends think if I had not introduced morphia in the arm, he would have recovered as he had done before.

I see here clearly a case of cerebral apoplexy, and, under the circumstances, ask your opinion on the matter.

I am, Sir, Yours Respectfully,

JOHN MAGENISS, M. R. C. S. L.

*Evansville, Ind.*

[We think it altogether certain the death was from the disease, and not from such a small dose of morphia.—EDS. REPORTER.]

## NEWS AND MISCELLANY.

### School of Anatomy.

The Philadelphia School of Anatomy, Chant street, commences its course of lectures October 7th, 1873.

### A Humane Provision.

The Erie Railway Company have adopted a plan for the relief of those sustaining injuries incident to railroad casualties or accidents, which commends itself as a measure of great wisdom and philanthropy. It is the establishment of a Medical Bureau for the road. The system projected in this department of railway service corresponds with that which obtains in the U. S. Army, and which has been for some time in operation, in this particular, on several of the prominent railroads of the country. The Erie Company have appointed for the road, as Surgeon-in-chief, James W. Ranney, whose headquarters is New York city, and as auxiliary and co-operative surgeons, for the discharge of professional duty, appointments have been made for the several divisions of the main line and connecting branches. In the latter capacity, for the Eastern Division of the road, Dr. Sol. Van Etten, of Port Jervis, Dr. J. H. Thompson, of Goshen, and a physician of Paterson, whose name we have not learned, have been appointed; and for the Delaware Division, Dr. William L. Appley, of Cochecton.

### The Cholera.

IN EUROPE.

In Konigsberg, in the middle of July, there were scattered cases in the town and various parts of the Provinces. In Warsaw, from May 30th to July 11th, there were in the city 298 cases, and 103 deaths. In Jassy there were two deaths on July 14th. In Rutschuk, on July 10th, the town free; the disease was present in the neighboring villages. At Shumla, from July 5th to 7th inclusive, there were 143 cases. At Galatz, from July 12th to 16th, there were 22 deaths. In Crajova and Turna-Severin, there was a good deal of cholera in the middle of July.

In Silistria and Widdin there were scattered cases. The disease has broken out in Sofia (Bulgaria), and is extending over the neighboring district. In Pesth, from July 1st to 8th, there were 70 cases and 46 deaths; from July 9th to 15th, 190 cases and 80 deaths. Cholera is widely prevalent in Hungary. In Italy, in the province of Treviso, from July 1st to 6th, there were 20 new cases, 10 deaths, and 16 cases under treatment on July 6th. In the province of Venice, in the same period, there were 37 new cases and 23 deaths; 35 patients remained under treatment. In the second week of August two cases of undoubted Asiatic cholera were reported in London, to the Medical Officer of the Privy Council, of which one proved fatal. They were imported from Hamburg, and proper precautions were taken. Full particulars are given in all the daily papers.

IN AMERICA.

Dr. J. T. DAVIS writes us from West Point, Kentucky, dated August 30:—

We have been having, during August, a good many cases of cholera, the larger number attacked dying in a few hours; only a very few cases have recovered. It has been confined to the hands, white and colored, working on the Elizabethtown and Paducah Railroad, a larger number of colored dying than white. It is subsiding now and work is being resumed again.

Recent daily papers inform us that Cholera of a most malignant type is raging at Okawville, Illinois, about 29 miles from St. Louis. Twenty-three persons died there within twelve hours from the appearance of the disease. Some of the victims have died within *fifteen minutes* after the attack, their bodies "turning black immediately." The principal bridge builder of the St. Louis and Southwestern Railroad, and his three children, are among the victims. Five members of one family died in the course of three hours. All who can were leaving the town, and those who remain are using disinfectants and burning tar in the streets. It is said that "no local cause exists for the disease." The cholera is also raging terribly in portions of Western Kentucky.

There were eight deaths from cholera in Murphysboro, Illinois, on Thursday, Sept. 4, and eight new cases on Friday. Five members of one family have died of the disease near Jonesboro, in the same State. The disease is spreading through the low grounds near the Mississippi river. Six deaths from cholera were reported in St. Louis the first week in September.

Three deaths from cholera were reported in Wheeling, W. Va., on Thursday, Sept. 5, and two new cases of the disease yesterday morning. The cholera was abating in Millersburg, Ky., only two deaths from it having occurred there on Thursday.

Within two weeks past the cholera has carried to the grave five of a family of seven, at Mason City. Mrs. Wells, one of the heads of this sorely afflicted family, was the last of the five who died.

Eight deaths from cholera were reported in Chicago the last week in August against five the preceding week.

Four deaths from cholera were reported in Millersburg, Ky., on Tuesday, Sept. 2.

One case of sporadic cholera was reported in the first week in September in this city.

### The Yellow Fever.

The prevalence of yellow fever at Galveston and Shreveport causes much uneasiness. The disease is very malignant at Shreveport, and that place is isolated from the surrounding towns by a strict quarantine.

## QUERIES AND REPLIES.

### Inheritance.

MESSRS. EDITORS:—Do children ever inherit too much brain, or an over-developed nervous system? In order not to be misunderstood, take this illustration. It is not infrequent for practitioners to visit in families in which the children have large, well-developed heads. Apparently their bodies are well nourished also. These children perish in early childhood, usually from some brain affection. The writer has known nine to perish thus out of a family of eleven. Both mother and father of this family were of large frames and large, well marked craniums.

If the above questions are answered in the affirmative, then the following are pertinent. Are there any marks or appearances by which one can conclude that a certain child will live but a few months or years at best? and if so, what are these marks and appearances? Yours, etc.,

I. S. MANNING, M. D.

*Ottawa, Kan., Aug. 25th*, 1873.

## MARRIAGES.

KENNEDY—PINTO.—On the 28th inst., at their home, No. 1514 Cherry street, by the Rev. J. H. Alday, Samuel Kennedy, M. D., and Miss Cordelia Alice Pinto, both of Philadelphia.

CAMPBELL—HIGGINBOTHAM.—On Tuesday, August 28th, by Rev. A. B. Carter, D. D., George Campbell, of Liverpool, England, and Rosalie, daughter of Dr. Edward C. Higginbotham, of this city.

## DEATHS.

BOZEMAN.—At Morristown, N. J., on Tuesday, August 26th, at three A. M., Mrs. Bozeman, wife of Dr. Nathan Bozeman.

CARTER.—At Omaha, Neb., August 31st, Anna C., wife of Joseph Carter, and daughter of Dr. Charles F. and Mary L. Clark, of Camden, N. J.

GILPIN.—On the 27th inst., at the residence of his mother-in-law, Mrs. C. L. Rowand, No. 1009 Pine street, this city, Thomas Gilpin, son of the late Dr. John Gilpin, of Elkton, Md., in the 26th year of his age.

MUNDY.—At West New Brighton, Staten Island, August 31st, 1873, of typhoid fever, Frank C., son of Dr. Edward C. Mundy, in his 20th year.

SATTERLEE.—Suddenly, at New York, on Tuesday, the 26th inst., Ethelwyn Suydam, youngest daughter of Dr. F. Le Roy and Laura Satterlee, aged 9 months and 16 days.

VANDERVEER.—At Long Branch, N. J., on the 20th inst., of consumption, Jacob H. Vanderveer, M.D., formerly of New York city, aged 55 years, 7 months and 2 days.